

were involved in the study, which focused on the French public mental health care system. Each service was classified according to the ESMS and data were collected on service use. The data for each catchment area were aggregated in residential use, structured day activities, continuous out patient care and emergency out patient care, then a cluster analysis was performed. The ESMS classification of the services based on function was compared to the official French description of services. **RESULTS:** Four classes were identified: Class 1 high activity in all services, class 2 low activity in all services, class 3 low activity in continuous ambulatory care, class 4 high activity in continuous ambulatory care. The ESMS confirmed the consistency between the French official description of the services' missions and the actual activity. 10% of the services had at least one additional "non official" function. The study showed that the ESMS was adapted for use in France, but it requires expert supervision for large-scale implementation. **CONCLUSIONS:** The ESMS proves to be useful not only in mental health service research, but can also bring the possibility to adjust for the catchment area's service profile in outcomes research.

PMA18

THE AVANDIA WORLDWIDE AWARENESS REGISTRY (AWARE®): AN INTERNET-BASED PROGRAM FOR EVALUATION OF CLINICAL, HUMANISTIC AND ECONOMIC OUTCOMES OF PATIENTS WITH TYPE 2 DIABETES

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AWARE® is an Internet-based database designed to capture clinical and humanistic outcomes from diabetes practice settings around the world. The main goal of AWARE® is to better understand how patients with type 2 diabetes respond to different treatments in a naturalistic environment. **OBJECTIVE:** To describe an innovative method of collecting clinical, humanistic and economic outcomes of patients with type 2 diabetes in a "real world" practice setting. **METHODS:** The data collection methods involve the electronic linkage of clinical information and humanistic outcomes of patients with type 2 diabetes. Patients at least 18 years of age who are maintained on oral antidiabetic therapy are eligible to participate in AWARE®. As providers enter patients' clinical information into the patient's electronic medical record, the data elements of interest are automatically transmitted to a secure Internet site (Pharmacon EB-Health™) where the data are stored and continuously updated. Data collected in AWARE® include: demographic information, prescription use, HbA1c, fasting plasma glucose, total cholesterol, triglycerides, LDL, HDL, blood pressure, liver function tests, the SF-36, and the Diabetes and Treatment Satisfaction Questionnaire (DTSQ). Every six months, participants use hand-held devices to complete the elec-

tronic versions of the SF-36 and the DTSQ. The results from these surveys are instantaneously transmitted via wireless technology to EB-Health™. **CONCLUSION:** AWARE® permits immediate retrieval of clinical and humanistic information from an Internet-based registry. Information on the patient's clinical progress may be continuously transmitted to EB-Health™, allowing researchers, clinicians and administrators to perform "real time" analyses of the clinical effectiveness of antidiabetic therapy, as well as to determine its impact on patients' quality of life and satisfaction with treatment. As AWARE® is expanded to sites around the US and throughout the world, it will provide valuable information on the impact of the different treatments for type 2 diabetes on patients' clinical, humanistic and economic outcomes.

CONTRIBUTED WORKSHOP PRESENTATIONS

WW1

METHODOLOGICAL COMPLEXITIES IN USING ADMINISTRATIVE CLAIMS DATABASES TO EVALUATE QUALITY OF CARE FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent of childhood mental disorders, and represents the most common reason children are referred to mental health providers.

PARTICIPANTS WHO WOULD BENEFIT: Researchers who use large-scale administrative databases to evaluate quality of care for mental disorders and associated patient outcomes. Purchasers of health care who provide health services to patients with psychiatric disorders.

The presence of the disorder is associated with substantial health resource utilization and costs. Although evidence-based guidelines for the pharmacologic treatment of ADHD are widely available, little is known about variation in provider prescribing practices, patient compliance, and attendant patient health outcomes. This is especially problematic because psychostimulants, commonly prescribed for ADHD as a daily regimen, are frequently taken solely on an "as needed" basis to improve behaviors during school hours. We are currently conducting a program of research using large-scale, national, integrated pharmacy benefits and medical claims databases to examine the quality of ADHD pharmacologic care, patient compliance, and associated patient outcomes. The objectives of this workshop are to discuss the complexi-